functional condition of the child, including body measurements, health and disease records, sense tests, etc., etc.

PROCEEDINGS OF THE SAN FRANCISCO COUNTY MEDICAL SOCIETY.

During the month of August the following meetings were held:

Section on Medicine, Aug. 1st, 1911.

1—Presentation of Causes of Lupus Vulgaris. Harry E. Alderson. Discussed by D. W. Montgomery.

2—Dermatitis Venenata from Proprietary Hair Dye. E. D. Chipman.

3—Report of Dermatological Cases from Proprietary Hair Dye. J. Cameron Pickett. Discussed by Drs. Power, Williams, Montgomery, Alderson, Chipman and Pickett.

4—The Exceptional Child. Maximilian Groszman, M. D., Ph. D. Discussed by Drs. Brown, Porter, Miss Katharine Felton and Dr. Groszman.

General Section, Aug. 8th, 1911.

1—Presentation of a Case of Acute Localized Encephalitis after Whooping Cough; decompression followed by Relief from symptoms. Dr. R. L. Ash.

2—Report of the Committee for the Study of Anterior Poliomyelitis. E. C. Fleischner, Chairman. Discussed by Drs. Hunkin, Porter and Lennon.

3—Nephritis. Martin Fischer. Discussed by Drs. Wilbur, Quinan, Fleischner, Silverberg, Fischer.

Section on Surgery, Aug. 15th, 1911.

1—Improved Technic of Veno-Peritoneostomy for the Relief of Ascites. H. E. Castle. Discussed by Drs. Rosenstirn, Tait and Castle. (Paper to be published in J. A. M. A.)

2—Technic of Abdominal Hysterectomy: Its Methods and their Indications; lantern demonstrations. A. J. Lartigau. Discussed by Drs. Von Hoffman, Somers, McNutt, Kugeler, Hoffman, Rosenstirn, Lartigau.

Presentation of Cases of Lupus Vulgaris.

By HARRY E. ALDERSON, M. D., San Francisco.

These three cases of lupus vulgaris (from my clinic at the Fruit and Flower Mission and the Infants' Shelter) are of interest because each one presents a different phase of the disease and so an opportunity is offered to compare the earliest lesions (as seen in the cases of this little boy and the little girl) with the extensive lesions of long standing (as seen in the adult). It is a striking demonstration of what can develop from a small and apparently benign affair. The adult has had her lupus for over forty years,—it began in infancy as a tiny lesion (as most of these cases do) and developed very slowly and in a characteristic manner until, as you see, it now involves the entire left side of her face and contains a large number of active foci (the typical "apple jelly like" nodules) all through the area. Cicatrization is well marked along its lower border and the ear lobe has been destroyed.

The little boy has on his right cheek a small nonulcerating, half-dime sized patch containing about four characteristic "apple jelly nodules" (of the kind seen in large numbers in the adult). The disease in this case is of about three years' duration. The patient's mother thinks that it came from a cut produced by falling on some scissors on the floor. Tuberculosis cutis originating in such a manner, however, would be more apt to be of the verrucous type.

This little girl shows a dime-sized lesion on the right cheek in the near neighborhood of some cicatrices from old tuberculous glands which had broken down about a year and a half ago. At that time the lupus patch was first observed by the mother, and she states that it has not increased in size. As you can plainly see, there are several of the deep seated nodules present. It is on this feature principally that a diagnosis is usually based.

Two of these patients have given a positive tuberculin reaction and it has not been tried in the other on account of some active glandular involvement.

As for the treatment, a great deal can be said, but it is late and so that phase of the subject will be discussed briefly. All of these patients ought to have tuberculin injections supplemented by X-ray treatment. The adult has been receiving tuberculin and is improving slowly. She will be given radiotherapeutic treatment also. At one time she was given an application of a paste containing pyrogallol, resorcin and salicylic acid for the purpose of producing a reaction and sloughing of the nodules. The reaction was intense and the desired sloughing occurred. When it subsided the area thus treated looked much better. A few more applications of the same ought to produce very marked improvement but the patient objects to such heroic treatment. As soon as her consent is obtained the procedure will be repeated. In the case of the small lesions the best treatment would be complete extirpation of the patch including a zone of the apparently healthy skin surrounding, and also subcutaneous fat beneath the lesion. If done thoroughly the result is good, as I have recently been able to report in the case of one of my patients. This course undoubtedly would prove successful in both the small early lesions here shown, but in neither case can permission be obtained. The boy's lesion looks much better than it did, much of it having been destroyed by freezing. I used the carbon dioxide snow. There are various effective means of destroying the foci but they must be used thoroughly or there surely will be a recurrence. As for the treatment in the case of the little girl,—she has only recently come to me and I have not yet decided what course to pursue. I feel that she ought to be given tuberculin and systematic radiotherapeutic treatment.

Various other means of treatment might be mentioned, but on account of the lateness of the hour and the length of the program it will be impossible to consider them.

Discussion.

Dr. D. W. Montgomery, San Francisco: For such cases as the boy presents extirpation is the best treatment. Lang of Vienna was the first to carry out this treatment extensively, and he showed fine results. I have removed quite a number of lupus patches by total extirpation, but it is marvelous how recurrences will appear after what seems to be the most thorough removal. A woman under my charge had the most obstinate recurrences after repeated operations. As regards the woman shown by Dr. Alderson, where a very large area is involved, it is impossible to remove the diseased tissue by extirpation, as it would require too great denudation of the face. The Finsen light treatment gives excellent results, but it requires such a deal of patience that I hardly think that it can be carried out in any place except Copenhagen. There the people seem to have no nerves, and a girl will manage the machine from morning till night without apparent tire. I do not think that we could here get our nurses to do the work. It is a most wearisome treatment both in its application and in the length of time required; a year and a half or two years is not unusual in the treatment of a small lupus patch, and even then recurrences are not unusual. In its application a little hollow glass tube containing cool running water is held against the patch so as to press out the blood, and it has to be held in such a way that the ray of light will fall at the correct angle and at the correct distance, so as to strike into the lupus patch. The nurses in the Finsen Light Institute do this work seemingly uncomplainingly for hours of a day, and day after day.

Report of Dermatological Cases Caused By a Proprietary Hair Dye.

By J. CAMERON PICKETT, M. D., San Francisco.

I herewith submit a report of some interesting cases of dermatitis venenata, caused by the use of a proprietary hair dye, which have recently come un-

der my observation, as illustrating some of its special phases.

The cases of Mr. and Mrs. J. S. are of more than passing interest because they demonstrate a means by which the disease may be spread. Mr. J. S. consulted me on July the sixth of this year complaining of an erythematous condition about the eyes, lips, scalp and scrotum. There was, in addition, moderate conjunctivitis and some subjectively pronounced itching. This condition had existed for about two years, during which time the patient had been under treatment at different springs and sanitariums with light rays, etc. The case had already been diagnosed as dermatitis venenata, and it was believed that poison oak was the exciting cause. Mrs. J. S. consulted me the same day, stating that she had contracted poison oak from her husband some six months before. She had a moist erythematous rash on the shoulders, neck, forehead and behind the ears. She had taken the same treatment as her husband but had continued to grow worse as the weather became warmer, the itching becoming intense and the dermatitis extending down around the breasts. On examining her hair, I found it to be of a black color except near the scalp where it was very gray. She admitted having used Mrs. Potter's Walnut Juice Hair Stain for over two years, applying it at the roots every few days, thus keeping her hair black.

Mr. J. S.'s skin being more susceptible to the poison in the "Hair Stain" than that of Mrs. J. S., he had, by coming in contact with her hair, contracted a dermatitis almost as soon as she commenced its use, while her symptoms did not begin to manifest themselves until a year and a half afterwards. While he was away from his wife, on a trip to the southern part of the state, he had become much better, but on returning home all of his symptoms returned, especially on the lips, the latter ones undoubtedly caused by kissing.

Mrs. J. S. stopped the use of the "Hair Dye," and, with the use of a calamine lotion and a soothing ointment, both cases were soon cured.

Case 2. Mrs. L. called at my offce on June sixth of this year complaining of itching behind the ears, and on the forehead, scalp and neck; there was also burning and itching around the eyes. On examination I found a moist erythema behind the ears and on the neck; there were papules on the scalp and on the forehead, conjunctivitis, edema of the lids and erythema around the eyes. Her hair was brown, but gray next to the scalp. She confessed that she had used Mrs. Potter's Hair Stain for a few days before the skin symptoms began.

Case 3. On May second I was called to treat Mrs. W, aged 62. She complained of itching and burning back of the ears and on the face, neck, wrists and ankles. She had severe headache with a temperature of 101, and was very nervous from loss of sleep due to intense itching. The eruption first appeared on the forehead and behind the ears, and several days afterwards on the wrists and ankles. The eyes were very edematous and there was acute conjunctivitis. The hair was brown except next to the scalp, where it was gray. At first she denied using the "Hair Stain," but finally admitted that she had used it for two years.

Case 4. Mrs. K., aged 46, called at my office on February ninth complaining of intense itching behind the ears, and on the scalp, face, arms, neck and chest; these symptoms began about two months before.

Examination showed papules and a dry erythematous rash on the face, neck and shoulders; there was also a moist erythematous eruption over chest and around the breasts extending nearly to the waist. The itching was so intense and the patient so nervous that it was difficult to get a coherent statement from her. Her hair was gray, streaked with greenish brown and showed plainly the use of a hair dye. She admitted having used Mrs. Potter's Hair Stain for several months.

Case 5. On June 1st I was called to see Mrs. D., aged 48, who was suffering from a severe dermatitis behind both ears, and on the face, the neck, back and arms, accompanied by burning and itching. In addition to the erythema the ears were swollen and the eyelids edematous. She stated that the eruption had broken out on the day after she had used Mrs. Potter's Hair Stain, and, as she had suspected the cause, she had applied a little to her arm, with the result that she had an eruption there next morning.

From a study of these cases I would deduce the following interesting conclusions:

First. The apparent lasting immunity of some subjects.

Second. The apparent temporary immunity of some subjects, which under special influences is lost.

Third. The particular seats of predilection; namely, behind the ears, on the forehead and about the eyes.

Fourth. The variable lapse of time between contact with the irritant and the onset of the inflammatory reaction.

Treatment. Have the patient stop the use of the hair dye. Remove as much of the dye as is possible by washing the hair and scalp with alcohol and rinsing with water as hot as can be borne. Apply a calamine zinc lotion containing 2% of carbolic acid to the moist and inflamed lesions, and either Lassar's paste or zinc ointment with 2% each of salicylic and carbolic acids to the dry scaly lesions. Give a mild saline every morning.

All of the above cases were cured in from three days to three weeks.

Discussion.

Dr. H. D'Arcy Power, San Francisco: I would like to point out the close relation between these cases of hair dye poisoning and the same type of dermatitis venenata. that is commonly met with among photographers, who, working with certain of the reducing agents, suffer in the same way. There is a chemical relation between the poison in these cases and the substances that the photographers use as reducers. I have repeatedly met with the photographic variety; its most common cause is working with the Metol, to the action of which many are very susceptible while others are unaffected. The general character of the dermatitis is the same as that described by Dr. Chipman, and while its first appearance is usually on the hands, the body may also suffer. Concerning this outwandering of dermatitis from the point of infection, I find it very difficult to believe that it is due to contact. I have seen a dermatitis start from the application of chrysarobin to the foot and extend over the greater part of the body. The drug was in form of an ointment and there was no physical evidence of its presence near the secondary lesions. As to the possibility of finding a chemical antidote for phenylene diamine or its product quinone, that ought to be possible; the latter substance is chemically transmutable into hydroquinone, which is not particularly irritating.

Dr. Francis Williams, San Francisco: I am very much interested in these cases, because they recall to my mind a case which I had two years ago, and I really did not appreciate its nature at the time. The patient readily acknowledged having used a hair dye, but I do not know what brand it was. It was interesting in that not only were the subjective symptoms extreme, but the edema and swelling so great as to close the eyes and render the features almost unrecognizable for a few days. It subsided under local treatment.

Dr. D. W. Montgomery, San Francisco: I have seen very few of these cases. Recently I had one, a woman with dermatitis of the forehead, ears and spreading down the neck simulating an erythematous eczema. The patient herself suspected it was from hair dye. After stopping the use of the dye for some time, the inflammation cleared up, to recur on resuming the dye. It was, therefore, plain that it was

the dye that was the noxious agent. A few days after this Dr. W. A. Hardaway of St. Louis called on me, and told me that he had quite a large number of these cases. Dr. Hardaway says that it will attack the lids of one eye, leaving the other untouched. In fact, it will sometimes attack the eyelids and spare the forehead. It is very probable that the patient's general condition plays a part in the outbreak of the eruption. It would be most desirable if something could be found that would prevent this particular dye from being irritant, because its use is not always a question of vanity, but is a question of economics, as there are many employments in which gray-haired women are decidedly discriminated against. Many of the department stores will not take women with gray hair, and they also have their troubles in the school department. The youngsters seem to have a particular antipathy to gray hair, just as in Biblical times they had to Elisha's bald head. I wish to thank Dr. Chipman and Dr. Pickett for bringing our attention to these very interesting cases.

Dr. Harry E. Alderson: These papers are very timely as we are all seeing these cases in increasing numbers. One reason for this is that Mrs. Potter, or whatever her name is, has been advertising this patent hair dye a great deal and physicians all over the country have been advertising it by reading papers and mentioning it by name.

Dr. E. D. Chipman, San Francisco: I am very much interested in Dr. Power's suggestions as to the finding of a chemical antidote for this substance. Many of our cases were in women who were employed, and who depended upon their work for their bread and butter, and who could not gain employment as long as their gray hair was in evidence. I will say for Mrs. Potter that with the dye you can get the most beautiful Titian shade or the deepest black according to the quantity used. It is largely a question of susceptibility to it, as in poison oak; some of us can wade right into the poison oak and come out unharmed while others get severe reactions from going near it. Dermatitis venenata may appear in single patches or it may coalesce. We have seen instances where it would affect the upper lid and spare the lower lid. Concerning the spread of the disease, I have never been able to convince myself that either the spread of this disease or of poison oak were due to anything else but actual transference from part to part. It is very difficult for me to be convinced that these things travel in the blood or by means of nervous impulse or anything of that sort; they are too mysterious or vague for me to comprehend.

Dr. J. Cameron Pickett. San Francisco: I believe that this dye is the same that is used in the dyeing of black stockings; the journals have reported several cases of dermatitis from this cause, but I have never seen one.

Smoker.

On Friday evening, August 25, the society entertained Professor Ernest Fuchs at a smoker at the Tait-Zinkand Cafe. All visiting doctors who had come to the city to attend the professor's lectures were likewise invited. Everybody present had a grand time, and, while the reunion was a strictly informal one, short addresses were made by the President, by the Chairman of the Eye, Ear, Nose and Throat Section, as well as by Professor Fuchs, Dr. Lamotte of Seattle, Dr. Roberts of Pasadena, Dr. Briggs of Sacramento and Dr. George Powers of San Francisco. At the close of the evening, Dr. Barkan wished the professor Godspeed.

Case of Acute Localized Encephalitis After Whooping Cough—Decompression Followed by Relief from Symptoms.

By R. L. ASH, M. D., San Francisco.

Harry O., aged 2 years 8 months, entered Children's Hospital, May 18, 1911. He had been in good health up to January, 1911, when he contracted a severe whooping cough. On March 13 he was suddenly seized with a general convulsion, which was followed by another three days later. This second attack was succeeded by unconsciousness lasting four hours. The next day, according to the mother, the convulsions changed to their present character. They gradually became more frequent.

The attacks, on admission to the hospital, usually came every few minutes, and lasted five to ten seconds; occasionally, especially in the afternoon, one or two hours might elapse without one. His head and trunk fell to the right (especially noticeable when he sat up); there were slight twitchings of both corners of mouth, sometimes of right fingers. The pupils were dilated, the eyes remained open and staring. He could usually be roused by offerings of chocolate, etc., for which he reached with his right arm.

He stopped walking, probably in fear of falling. That he had fallen frequently was shown by scars on right forehead.

There was no vomiting, no headache, no incontinence.

Physical examination was practically negative, except for a slight spasticity of right arm and leg.

As the attacks were increasing in number and duration, I transferred patient to the surgical service, Dr. Larson, with the diagnosis of focal encephalitis, probably on left side.

On June 16, 1911, Drs. Terry and Larson performed an osteoplastic resection of the skull, widely exposing left motor area. On opening the dura, the brain was found to be oedematus. Further exploration revealed a small reddish patch of firm adhesions, about the size of a half dollar, uniting dura, pia and underlying cortex at about the inferior junction of the anterior central and superior frontal convolutions (trunk area?). The adhesions were broken down, the flap replaced with the exception of a circular piece of bone about two inches in diameter in the neighborhood of the affected area.

After the operation the same frequent attacks continued for about twelve days. Then they became less and less, and finally disappeared about July 6. He soon began walking. Though there had been no aphasia of any kind before operation, for some reason the child stopped speaking till shortly before his discharge, July 27.

At present there is apparently no cerebral trouble of any kind.

The prognosis is exceedingly doubtful. Only a few recoveries, spontaneous or post-operative, are recorded in the literature.

Report of the Committee for the Study of Anterior Polyomyelitis in San Francisco During 1910.

Compiled by E. C. FLEISCHNER, M. D., San Francisco.

In July, 1910, a committee, composed of Drs. M. B. Lennon, R. L. Ash, W. F. McNutt, Jr., E. Smith, G. J. McChesney and E. C. Fleischner, was appointed by Dr. Langley Porter, the President of the society, to study and gather data on the epidemic of poliomyelitis which at that time seemed to be prevailing in San Francisco.

At the first meeting of the committee it was decided to address return postal cards to all licentiates practicing medicine in San Francisco, containing the the following questions:

1. Have you had any cases of the classical type of poliomyelitis in your practice since January, 1909?

2. Have you had any cases of encephalitis resembling meningitis?

3. Have you had any cases of acute tremor or ataxia in children:

4. Have you had any cases of acute paralysis of the facial or eye muscles?

5. Have you had any cases of acute ascending paralysis?

6. Have any cases other than those in your practice come to your notice since January 1, 1910?